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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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45 Memorial Circle, Augusta, Maine

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Rep. Charles B.	to or the first of the first time of the first of the fir	TOTAL DESIGNATION OF THE PARTY	AND THE PROPERTY OF THE PARTY O		House	☐ Senate
Mailing address				Dis	strict	- Internal Library and Conference of the Confere
37 Green St.			- YO	÷	78	
City, zip code Tho maston	ME 048	61		Pho	one 354-8	928
РАБ	T 1. INCOME DERIVI	ED FROM EM	PLOYMENT BY	ANOTHER		
List the name and address of eac economic activity of each employe	h employer from whom y r.	ou received cor	npensation of \$1,	000 or more	. Specify the	principal type o
Name of Employer	territori de estrato de la compansión de estrato de est	Addr	ess	F	Principal Type Activity of	
				# 1		
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	PART 2. INCOME DE	RIVED FROM	SELF-EMPLOY	MENT		- State - Stat
	PART 2. INCOME DE (For Legislato	RIVED FROM ors who are se		MENT		
A. List the name and address of y associated with a partnership, firm	(For Legislate our business, if any, and	ors who are se	f-employed.)	activity from	as of econom	ic activity of tha
A. List the name and address of y associated with a partnership, firm entity. Name and Address of B	(For Legislato our business, if any, and , professional association usiness Entity	ors who are se list the major ar n, or similar busi	f-employed.)	activity from e major area	as of econom Major Areas Acti artnership, asse	ic activity of that of Economic vity ociation or similar
A. List the name and address of y associated with a partnership, firm entity. Name and Address of B	(For Legislate our business, if any, and professional association usiness Entity	list the major ar n, or similar busi Major Areas	f-employed.) eas of economic aness entity, list the sof Economic Act (self)	activity from e major area ivity (pa	as of econom Major Areas Acti	ic activity of that of Economic vity ociation or similar s entity)
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A. List the name and address of y associated with a partnership, firm entity. Name and Address of B Name: Ent-tainment Personal Properties of the second s	(For Legislate our business, if any, and professional association usiness Entity	list the major ar n, or similar busi Major Areas	f-employed.) eas of economic aness entity, list the sof Economic Act (self)	activity from e major area ivity (pa	Major Areas Acti artnership, asso busines	ic activity of that of Economic vity ociation or similar s entity)

	ME DERIVED FROM SELF-EMPLOYMENT stors who are self-employed.)
B. List each source of income derived from self-employment to greater, and specify the principal type of economic activity of	that represents more than 10% of your gross income or \$1,000, whichever of the entity or person from whom you derived such income. If this form f professional ethics, specify only the principal type of economic activity of the economic activity
Name and Address of Sou	Principal Type of Economic urce Activity of Entity or Person Who the Source of the Income
Name:	
Address:	
Name:	The animals are summer. Manifestation on their virtuality summer is summarized as the confidence of th
Address:	
	OR AREAS OF PRACTICE s who are attorneys-at-law only.)
List your major areas of practice. If associated with a law firm,	中間 しょう ようかはいうか かり にから はから はから (apple of the property of the property
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHE	ER SOURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts	s 1, 2, or 3 of this form. Do not include gifts. If none, check the box.
☐ None	
Name and Address of Soun	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	and the second of the second o
Address:	
	•
PART 5. REF	PORTABLE LIABILITIES
	0 or more that you received during the reporting period, and list the maje
None	
Name and Address of Credit	itor Principal Type of Economic Activity of Creditor
News	Activity of Creditor
Name: Address:	
Name:	
Address	

PART 6	REPORTABLE GIFTS	d
List the specific source of each gift of more than \$300. Inconner, check the box.	lude gifts with an aggregate value of more than \$300 from a single source	ce. If
None	The structure where the probability is a section and the section of the structure of the section	
Name of Source of Gift	Name of Source of Gift	
1.	3.	
2.	$\frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right) \right)} \right) \right) \right)} \right) \right) \right)} \right) \right) \right)} \right) \right)} \right) \right)}$	
PART 7. R	EPORTABLE HONORARIA	-
List the source of any honoraria accepted for appearances o	r speeches related to your legislative responsibilities. If none, check the bo	ox.
None	THE MET OPEN PRINTED TO DO A CONTROL OF PRINTED AND AND AND AND AND AND AND AND AND AN	26 - 6 - 70 2690-
Name of Source of Honoraria	Name of Source of Honoraria	1
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PART & PERPESEN	TATION BEFORE STATE AGENCIES	
	ented or assisted others for compensation of any amount. If none, check	k tha
box.	shoot or assisted others for compensation of any amount. If holle, check	Z BIG
☐ None	### TO THE SECOND OF THE SECOND SECON	CONTRACTOR OF STREET
Name of Agency	Name of Agency	in magni na
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2.	4.	
PART 9. BUSIN	IESS WITH STATE AGENCIES	ko (kila) 1 Koral 1
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family sold goods or services with a value in exces	s of
None	THE REPORT OF THE PART OF T	the suppose were
Name of Agency	Name of Agency	éser e
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The control of the co	3.	
2.	4.	
PART 10. INCOME RECEIVI	ED BY MEMBERS OF IMMEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income of \$1,000 or more received by your spouse or domestic partner of income represented. If your spouse or domestic partner received \$1, include gifts.	er or ,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income Income Received	
Name: Linda Bell Kruger	1. Mail clerk (Spouse or 1. Salary	
Job Title:	2. Domestic 2.	
ood ride.	Partner 3.	
	Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Dependent Child	
county and the And of Beoffie.	Dependent Child	

	PAF	RT 11. OFFICE	R OR DIRECTOR	POSITIONS		
List any for-profit or nonp any office, trusteeship, di was compensated. If a fa	rectorship, or position	of any nature. In	ndicate whether you	or a family held the	position and wheth	ediate family he er the position
	ization/Business and Address		Title	Position Held By:	Family Member's Name	s Compen- sated?
Rochland Fish	head Corp.		Member Board Directors	ne		no
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Legislator who willfully the intentional filing of a lilfully filed a false state.	a false statement is ement, it shall refer	s a Class E crim	ne. If the Commiss	sion concludes tha	at it appears that	
	Signature	· ·		· · · · · · · · · · · · · · · · · · ·		
Please provide any add	litional information	North State Control	NAL INFORMATION additional sheets in	The Canada of the A	te the part or sec	tion number f
ne information you are Part/Section	providing.	na makan man labah adalah menangan dalah sebagai dan menangan dalah sebagai dan menangan dalah sebagai dan sebagai	- Alexanderen (12) and the first section of the sec	ayaya ne izi ini arangan pana ini ili da k Tarihi ili	y a part of define an experience of the second	mine. – Bu menny prints results resolventedents
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